

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10 616015
APPLICANT(S) _____

FILING DATE 07-08-03

		CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10	/						60
11		/					61
12		/					62
13		/					63
14	/						64
15		/					65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24	/						74
25		/					75
26		/					76
27		/					77
28		/					78
29	/						79
30		/					80
31	/						81
32		/					82
33		/					83
34	/						84
35		/					85
36		/					86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	6						TOTAL IND.
TOTAL DEP.	12						TOTAL DEP.
TOTAL CLAIMS	18						TOTAL CLAIMS